Augustana Chapel View Care Ctr 470843100/27027
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NOTICE OF FINAL PAYMENT RATES EFFECTIVE January 1, 2026

The Minnesota Department of Human Services has reviewed the Cost Report, required documentation, and other supporting information supplied on behalf of the facility in determining the total payment rate. Specific sections of the rate notice are accompanied by a narrative.

A P P E A L S

An Appeal must meet the following requirement

1. A written Notice of Appeal from the Provider must be received by the Commissioner of Human Services or postmarked within 60 days of the publication date printed on the rate notice.
2. The Notice Of Appeal must identify each disputed item and specify for each item:
- The reason for the dispute
- The total dollar amount in dispute for each separate disallowance, allocation, or adjustment of a cost item or part of a cost item
- The computation the Provider believes is correct, and
- The authority in Statute or Rule upon which the Provider relies.
3. The Notice Of Appeal must include the name and address of the person or firm with whom contacts may be made regarding the Appeal.

Appeals should include the Provider Identification Number. Each separate dispute should be numbered. Each appealed adjustment should be identified by cost report line number.

Appeals should be addressed to:

Minnesota Department of Human Services Appeals Division
Attn: Provider Nursing Facility Rate Appeal
P.O. Box 64941
St. Paul, MN 55164-0941

If you have any policy questions please contact the Policy Center at 651-431-2282. To speak with an auditor or to request copies of work papers call 651-431-4339.
For TDD, contact Minnesota Relay Service at 1-800-627-3529.

RUGS IV Class	9/30/2024 Resident Days	RUGS IV Weight	RUGS IV Standardized Days	Medicaid Days	RUGS IV Medicaid Standardized Days
ES3	0	3.00	0.00	0	0.00
ES2	0	2.23	0.00	0	0.00
ES1	0	2.22	0.00	0	0.00
RAE	706	1.65	1,164.90	25	41.25
RAD	2,937	1.58	4,640.46	204	322.32
RAC	5,327	1.36	7,244.72	298	405.28
RAB	690	1.10	759.00	68	74.80
RAA	403	0.82	330.46	18	14.76
HE2	29	1.88	54.52	0	0.00
HE1	0	1.47	0.00	0	0.00
HD2	82	1.69	138.58	0	0.00
HD1	375	1.33	498.75	61	81.13
HC2	44	1.57	69.08	40	62.80
HC1	702	1.23	863.46	357	439.11
HB2	12	1.55	18.60	0	0.00
HB1	578	1.22	705.16	129	157.38
LE2	0	1.61	0.00	0	0.00
LE1	109	1.26	137.34	0	0.00
LD2	0	1.54	0.00	0	0.00
LD1	713	1.21	862.73	293	354.53
LC2	365	1.30	474.50	157	204.10
LC1	1,891	1.02	1,928.82	1,300	1,326.00
LB2	14	1.21	16.94	0	0.00
LB1	337	0.95	320.15	0	0.00
CE2	0	1.39	0.00	0	0.00
CE1	253	1.25	316.25	119	148.75
CD2	88	1.29	113.52	88	113.52
CD1	877	1.15	1,008.55	527	606.05
CC2	2	1.08	2.16	0	0.00
CC1	3,019	0.96	2,898.24	1,953	1,874.88
CB2	0	0.95	0.00	0	0.00
CB1	122	0.85	103.70	0	0.00
CA2	197	0.73	143.81	0	0.00
CA1	899	0.65	584.35	375	243.75
BB2	0	0.81	0.00	0	0.00
BB1	403	0.75	302.25	151	113.25
BA2	0	0.58	0.00	0	0.00
BA1	566	0.53	299.98	214	113.42
PE2	0	1.25	0.00	0	0.00
PE1	448	1.17	524.16	415	485.55
PD2	0	1.15	0.00	0	0.00
PD1	1,376	1.06	1,458.56	528	559.68
PC2	0	0.91	0.00	0	0.00
PC1	7,451	0.85	6,333.35	4,933	4,193.05
PB2	0	0.70	0.00	0	0.00
PB1	808	0.65	525.20	421	273.65
PA2	0	0.49	0.00	0	0.00
PA1	1,136	0.45	511.20	973	437.85
AAA	0	0.45	0.00	0	0.00
DDF	44	1.00	44.00	7	7.00
	33,003		35,397.45	13,654	12,653.86

PDPM Class	9/30/2024 Resident Days	PDPM Weight	PDPM Standardized Days	Medicaid Days	PDPM Medicaid Standardized Days
ES3	0	3.84	0.00	0	0.00
ES2	0	2.90	0.00	0	0.00
ES1	83	2.77	229.91	0	0.00
HDE2	118	2.27	267.86	0	0.00
HDE1	1,101	1.88	2,069.88	1	1.88
HBC2	85	2.12	180.20	61	129.32
HBC1	4,103	1.76	7,221.28	984	1,731.84
LDE2	64	1.97	126.08	0	0.00
LDE1	1,759	1.64	2,884.76	506	829.84
LBC2	321	1.63	523.23	202	329.26
LBC1	3,394	1.35	4,581.90	1,348	1,819.80
CDE2	93	1.77	164.61	48	84.96
CDE1	1,530	1.53	2,340.90	685	1,048.05
CBC2	209	1.47	307.23	88	129.36
CA2	0	1.03	0.00	0	0.00
CBC1	5,599	1.27	7,110.73	2,465	3,130.55
CA1	443	0.89	394.27	265	235.85
BAB2	0	0.98	0.00	0	0.00
BAB1	1,499	0.94	1,409.06	714	671.16
PDE2	0	1.48	0.00	0	0.00
PDE1	2,409	1.39	3,348.51	1,259	1,750.01
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	9,181	1.07	9,823.67	4,171	4,462.97
PA1	614	0.62	380.68	596	369.52
DDF	398	1.00	398.00	0	0.00
AAA	0	0.62	0.00	0	0.00
	33,003		43,762.76	13,393	16,724.37

Care-Related per diem				
Allowed Direct Care costs	6,752,879		Your 1/1/2025 Direct Care Rate	170.81
Standardized Days	35,397.45		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		190.77	Direct Care Rate Limit	176.31
Allowed Other Care Related costs	1,459,599		Your 1/1/2025 Other Care Related Rate	38.57
Resident Days	33,003		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		44.23	Direct Care CPI-U Rate Limit	39.81
Care-Related cost per diem		235.00		

Care-Related per diem Quality Based limit			
Median	219.08	Quality Based DC Rate Limit	231.68
Quality Score	72.70	Quality Based OCR Rate Limit	53.71
Care Related Limit	285.39		285.39

Care-Related payment rates		Care-Related per diem limits	
Direct Care per diem	176.31	Direct Care per diem limit	176.31
Other Care-Related per diem	39.81	Other Care-Related per diem Limit	39.81
Care-Related per diem	216.12	Care-Related per diem limit	216.12

Augustana Chapel View Care Ctr 470843100/27027
NPI: 1437107216 PDPM Operating Rate Calculation

Care-Related per diem

Allowed Direct Care costs	6,752,879	
Standardized Days	43,762.76	
Direct Care cost per diem		154.31
Allowed Other Care Related costs	1,459,599	
Resident Days	33,003	
Other Care Related cost per diem		44.23
Care-Related cost per diem		198.54

Your 10/1/2025 Direct Care Rate	144.48
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	149.13
Your 10/1/2025 Other Care Rate	38.57
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	39.81

Care-Related per diem limit

Median	178.65
Quality Score	72.70
Care Related Limit	232.72

Quality Based DC Rate Limit	180.88
Quality Based OCR Rate Limit	51.85
	232.73

Care-Related payment rates

Direct Care per diem	149.13
Other Care-Related per diem	39.81
Care-Related per diem	188.94

Care-Related per diem limit

Direct Care per diem	149.13
Related per diem	39.81
Care-Related per diem	188.94

Other Operating Price

Allowed Other Operating costs	3,630,368	
Resident Days	33,003	
Other Operating per diem		110.00
Median		107.68
105% of the median		105%
Other Oper price		113.06
01/01/25 Other Operating Payment rate		107.88
Lesser of CPI-U or 4%		3.22%
Limited Other Operating price		111.35
Other Operating price for all facilities		111.35

Operating Rate Summary

Care-Related per diem	188.94
Other Operating per diem	111.35
Operating per diem (at 1.00)	300.29

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	149.13	3.84	572.66	39.81	111.35	723.82
ES2	149.13	2.90	432.48	39.81	111.35	583.64
ES1	149.13	2.77	413.09	39.81	111.35	564.25
HDE2	149.13	2.27	338.53	39.81	111.35	489.69
HDE1	149.13	1.88	280.36	39.81	111.35	431.52
HBC2	149.13	2.12	316.16	39.81	111.35	467.32
HBC1	149.13	1.76	262.47	39.81	111.35	413.63
LDE2	149.13	1.97	293.79	39.81	111.35	444.95
LDE1	149.13	1.64	244.57	39.81	111.35	395.73
LBC2	149.13	1.63	243.08	39.81	111.35	394.24
LBC1	149.13	1.35	201.33	39.81	111.35	352.49
CDE2	149.13	1.77	263.96	39.81	111.35	415.12
CDE1	149.13	1.53	228.17	39.81	111.35	379.33
CBC2	149.13	1.47	219.22	39.81	111.35	370.38
CA2	149.13	1.03	153.60	39.81	111.35	304.76
CBC1	149.13	1.27	189.40	39.81	111.35	340.56
CA1	149.13	0.89	132.73	39.81	111.35	283.89
BAB2	149.13	0.98	146.15	39.81	111.35	297.31
BAB1	149.13	0.94	140.18	39.81	111.35	291.34
PDE2	149.13	1.48	220.71	39.81	111.35	371.87
PDE1	149.13	1.39	207.29	39.81	111.35	358.45
PBC2	149.13	1.15	171.50	39.81	111.35	322.66
PA2	149.13	0.67	99.92	39.81	111.35	251.08
PBC1	149.13	1.07	159.57	39.81	111.35	310.73
PA1	149.13	0.62	92.46	39.81	111.35	243.62
DDF	149.13	1.00	149.13	39.81	111.35	300.29
AAA	149.13	0.62	92.46	39.81	111.35	243.62

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	13654	13393	
Standardized Days (Annual)	12653.86	16724.37	
Medicaid Case mix Index	0.93	1.25	
Direct Care Rate	176.31	149.13	
Medicaid Casemix index	0.93	1.25	
Medicaid Casemix adjusted Direct Care	163.40	186.22	
Phase - in percentage	0.75	0.25	
Phase - in amounts	122.55	46.56	
Blended Medicaid Casemix adjusted Direct Care Rate			169.10
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-186.22
PDPM Phase-in Adjustment			-17.12

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	11,183	
Allowed scholarship costs	3,318	
Allowed health insurance	589,236	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	0	
Allowed PERA costs	0	
Subtotal	603,737	
Resident days	33,003	
Per diem amount		18.29
Quality Improvement Incentive Payment (QIIP)		3.50
Previous planned closure rate adjustments		2.38
Previous single-bed incentives		5.45
Family and resident advisory council costs		0.01
External fixed rate		38.49
Property Rate		
Property rate from prior year	13.61	
Subtotal		13.61
Property inflation rate		.000%
01/01/2026 property rate		13.61

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	470843100 1/1/26 Total Rate	470843100 01/01/26 Total Rate*	470843100 10/01/26 Total Rate*
ES3	723.82	13.61	38.49	-17.12	769.27	769.27	759.11
ES2	583.64	13.61	38.49	-17.12	629.09	629.09	618.93
ES1	564.25	13.61	38.49	-17.12	609.70	609.70	599.54
HDE2	489.69	13.61	38.49	-17.12	535.14	535.14	524.98
HDE1	431.52	13.61	38.49	-17.12	476.97	476.97	466.81
HBC2	467.32	13.61	38.49	-17.12	512.77	512.77	502.61
HBC1	413.63	13.61	38.49	-17.12	459.08	459.08	448.92
LDE2	444.95	13.61	38.49	-17.12	490.40	490.40	480.24
LDE1	395.73	13.61	38.49	-17.12	441.18	441.18	431.02
LBC2	394.24	13.61	38.49	-17.12	439.69	439.69	429.53
LBC1	352.49	13.61	38.49	-17.12	397.94	397.94	387.78
CDE2	415.12	13.61	38.49	-17.12	460.57	460.57	450.41
CDE1	379.33	13.61	38.49	-17.12	424.78	424.78	414.62
CBC2	370.38	13.61	38.49	-17.12	415.83	415.83	405.67
CA2	304.76	13.61	38.49	-17.12	350.21	350.21	340.05
CBC1	340.56	13.61	38.49	-17.12	386.01	386.01	375.85
CA1	283.89	13.61	38.49	-17.12	329.34	329.34	319.18
BAB2	297.31	13.61	38.49	-17.12	342.76	342.76	332.60
BAB1	291.34	13.61	38.49	-17.12	336.79	336.79	326.63
PDE2	371.87	13.61	38.49	-17.12	417.32	417.32	407.16
PDE1	358.45	13.61	38.49	-17.12	403.90	403.90	393.74
PBC2	322.66	13.61	38.49	-17.12	368.11	368.11	357.95
PA2	251.08	13.61	38.49	-17.12	296.53	296.53	286.37
PBC1	310.73	13.61	38.49	-17.12	356.18	356.18	346.02
PA1	243.62	13.61	38.49	-17.12	289.07	289.07	278.91
DDF	300.29	13.61	38.49	-17.12	345.74	345.74	335.58
AAA	243.62	13.61	38.49	-17.12	289.07	289.07	278.91
Max additional charge for private pay in single rooms							N/A

Adjustments To Rate

* 01/01/2026 256R.495 WSB adjustment $0.31
* 01/01/2026 Temp Surcharge Increase $10.16
* 10/01/2026 End Surcharge Increase -10.16

'N/A' - Law does not limit the price the facility may set for private paying residents for single-bed rooms as long as it is at least equal to what Medicaid pays for a medically necessary private room - currently this amount is 11.5% of an individual`s MN PDPM rate. Facilities choosing to charge a lower amount to private pay residents in a single-bed room than 11.5% of their PDPM rate, must notify DHS because the Medicaid payments for medically necessary single-bed rooms cannot exceed the facility`s usual and customary charges to the private pay residents. Please submit notification to: greg.leahy@state.mn.us